

Application for Registration to Accept Home Generated Sharps for Safe Disposal

ESP, Corning Tower, Room 387
Albany, NY 12237

Date: _____

Instructions: Please complete all parts of this form and return by mail to the above address

Collection Kiosk Type (select all that apply)

- ☐ Pharmacy licensed under Article 137 of the Education Law¹
- ☐ Health care practitioner
- ☐ Health care facility licensed under Article 28 of the Public Health Law²
- ☐ Community-based organization³
- ☐ Housing facility ☐ Public ☐ Private
- ☐ Educational Institution
- ☐ Public Works Department
- ☐ Municipal Government
- ☐ Other

Registrant Information (please print or type)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

Telephone No. for Public Information: _____

Designated Contact Person Information (please print or type)

Each authorized registrant shall designate one (1) contact person to have administrative responsibility for the sharps collection program. Below, supply the requested information for the designated contact person.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

¹ Pharmacies should refer to the New York State Department of Health Guidelines for Pharmacies Interested in Accepting Hypodermic Needles, Syringes and Other Sharps Used Outside of Health Care Settings for Safe Disposal. It is available on the NYSDOH website at: www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/needles_syringes/esap/guidelines/pharmacies/index.htm

² Guidelines for Hospitals & Nursing Homes Sharps Collection and Safe Disposal is available on the NYSDOH website at: www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/needles_syringes/sharps/guidelines/hospital_nursinghome.htm

³ Community based organizations should refer to the New York State Department of Health Guidelines for Community Based Organizations Interested in Accepting "Sharps" Used Outside of Health Care Settings for Safe Disposal. It is available on the NYSDOH website at: www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/needles_syringes/esap/guidelines/community-based_organizations/index.htm

Safe Sharps Collection – Responsibilities

Applicants must specify the following: 1) the proposed site(s) for sharps collection; 2) if they do not want to be listed in the NYS Safe Sharps Collection Sites Directory; 3) if they are expecting to transport more than 50 pounds of regulated medical waste per month; 4) if they have an agreement with a disposal site to transport used syringes to them; 5) the firm, company or other entity responsible for transporting and disposing of collected sharps in a manner consistent with all applicable NYSDEC rules and regulations; 6) specify the individual who will be responsible for emptying and cleaning the collection unit and the individual or firm to be called in the event of an accidental spill or other emergency; and, 7) methods of assuring public awareness of the program through outreach and education.

1. Sharps Collection Kiosk Site(s) (please attach additional sheets if more than one collection site is being registered):

All applicants must designate the site or sites for collection of household sharps, the specific location of the unit within the facility (i.e., entrance, lobby, patient waiting area etc.) and the anticipated days and hours of operation. In addition, applicants must designate the type of sharps collection units that will be used at the site. Examples of sharps collection units include freestanding “kiosks” and wall-mounted units. Please specify in the space below the address of the proposed collection site including the type of collection unit (use additional sheets if necessary).

Name of Site: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Proposed Location of Collection Unit: (i.e., entrance way, lobby, etc.)

Days and Hours of Operation:

<input type="checkbox"/> Monday	Hours: _____
<input type="checkbox"/> Tuesday	Hours: _____
<input type="checkbox"/> Wednesday	Hours: _____
<input type="checkbox"/> Thursday	Hours: _____
<input type="checkbox"/> Friday	Hours: _____
<input type="checkbox"/> Saturday	Hours: _____
<input type="checkbox"/> Sunday	Hours: _____

Type of Collection Unit: Freestanding Unit: _____

Wall-mounted Unit: _____

Other: _____

2. New York State Directory of Community Sharps Collection Sites

☐ Check here if you **do not** want to be listed in a publicly available directory of participating kiosk sites.

3. Title 15 of Article 27 of the Environmental Conservation Law, specifically section 27-1511(a)(i) indicates that: “No permit shall be required for the transportation by the generator of less than fifty pounds in a single vehicle of regulated medical waste or by authorized employees of such generator acting on behalf of and under the supervision of the generator provided that such waste is being transported from the point of generation for treatment or disposal to a facility approved by the department, such person shall comply with the requirements of section 27-1510 of this title [standards applicable to generators] the generator shall have registered with the department [Department of Environmental Conservation, (DEC)] in a form prescribed by the DEC commissioner, which registration, at a minimum, shall designate the treatment or disposal facility and the employees acting on behalf of or under the supervision of the generator, and such person would not otherwise be subject to an adverse determination under section 27-1517 [permits] of this title.”To comply with this law please review the following:

Are you expecting to self-transport less than 50 pounds of regulated medical waste per month from one location?

☐ Yes If yes:

Complete the required form titled, NYS Waste Transporter Registration Form (Rev: Apr2018, Ver 1) prior to transport.

This form can be found at https://www.dec.ny.gov/docs/materials_minerals_pdf/364regapp.pdf

The completed form must be mailed to: New York State Department of Environmental Conservation, Division of Materials Management, 625 Broadway, 9th Floor, Albany, NY 12233-7251. The application must have original signatures. Once authorized, the registration will be mailed to you. The program must renew their waste registration number each year, by completing the NYS Waste Transporter Registration Form. Please send an electronic (PDF) signed copy to esap@health.ny.gov.

If no, (check one option):

- ☐ A. If you expect to self-transport more than 50 pounds of regulated medical waste per month from one or more locations you must obtain a 6 NYCRR Part 364 permit. This form can be found, <https://www.dec.ny.gov/chemical/8483.html> (Note: An annual fee may be required.).
- ☐ B. If you do not intend to self-transport regulated medical waste from one or more locations, you must contract with a permitted 6 NYCRR Part 364 regulated medical waste transporter and include the medical waste hauler information.

Regulated Medical Waste Hauler:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

4. If used sharps are being self-transported to a disposal site (i.e., hospital, nursing home, health clinic) prior to being collected by an authorized medical waste hauler, do you have a signed agreement with them?

- ☐ No. Sharps are not being self-transported to a disposal site.
- ☐ Yes. Attached signed agreement between you and the recipient facility.

5. Collection Unit Contact Person(s):

In accordance with the OSHA blood-borne pathogen standards (OSHA Directives CPL 2-2.69, Enforcement Procedures for the Occupational Exposure to Blood Borne Pathogens, 11/27/2001), all individuals involved in maintaining, cleaning or otherwise servicing a collection unit must be properly trained in Hazardous Materials in accordance with 49 CFR §172.700 subpart H, and OSHA Blood Borne Pathogens in accordance with 29 CFR §1910.120 and 1910.200.

Please specify below the individual who will be responsible for emptying and cleaning the collection unit and the individual or firm to be called in the event of an accidental spill or other emergency.

Individual responsible for emptying and cleaning unit:

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Individual or Firm to be called in the event of an actual accidental spill or other emergency:

Name: _____ Title (if applicable): _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

7. Methods of assuring public outreach and education

(Please provide a description below of how you will make the public aware of the collection site.)

Language:

☐ English

☐ Spanish

☐ Other: _____

Print Media:

☐ Newspaper: _____

☐ Magazine: _____

☐ Newsletter: _____

☐ Other: _____

Electronic Media:

☐ Radio: _____

☐ Television: _____

☐ Internet/website: _____

☐ Other: _____

Print Material:

☐ Brochures: _____

☐ Palm Cards etc.: _____

☐ Other: _____

Presentations, specify where: _____

Attestation

All program applicants agree to comply with applicable NYS Department of Health regulations (10 NYCRR Part 70) and the NYS Department of Environmental Conservation regulations (6 NYCRR Parts 360, 364 and 365) for managing regulated medical waste, and with all packaging, labeling, transport and disposal activities as required and authorized by the NYS Department of Environmental Conservation. The authorized entity submitting this application attests that, upon being registered, it will abide by the provisions contained in this registration form. The authorized entity submitting this application also attests that it is in good standing with regard to the applicable licensing authority (ies) and that no final action of any sort has been taken which would bring such good standing into question. The authorized entity submitting this application further acknowledges and agrees that its registration may be terminated by the NYS Department of Health in the event that it fails to comply with any pertinent section of law, or in the event it is determined by the NYS Department of Health or other applicable licensing authority that it was not in good standing at the time of application for registration or any time thereafter.

Individual authorized to sign the registration
form on behalf of the applicant:

Signature _____

Print or type name and title _____

NOTE: Submission of a completed form does not constitute registration until the NYS Department of Health acknowledges its acceptance of the registration. Sharps may not be accepted for collection until the NYS Department of Health provides you with a separate written acknowledgement that it has accepted your request for registration and that your registration is effective.

6 NYCRR Part 364
Waste Transporter Registration Application
New York State Department of Environmental Conservation
Division of Materials Management
625 Broadway, 9th Floor
Albany, NY 12233-7251

Applicants for a registration, or for modification or renewal of an existing registration, must use this application form. Forms are available on the Department's website or upon request by calling (518) 402-8792. **All applications for new registrations must bear original signatures and must be mailed to the above address.** Applications for modification or renewal of an existing registration may be faxed to (518) 402-9034 or e-mailed to transport@dec.ny.gov. Once authorized, registrations will be mailed to applicants; registrations will not be available for pick-up. Registrations are valid for one year from the date of authorization.

REGISTRATIONS ARE NOT VALID UNTIL AUTHORIZED BY THE DEPARTMENT.

All sections of this application must be completed. Incomplete applications will not be processed and will be deemed "Incomplete." Please verify application is complete before submitting.

SECTION A – TYPE OF APPLICATION

Do you currently have a valid Part 364 **PERMIT?** ☐ No ☐ Yes, Permit Number: _____

☐ NEW

Once authorized, a Registration number will be assigned. Holders of a currently valid Part 364 Permit will not be assigned a separate Registration number, but will use the Permit number.

☐ MODIFICATION

Registration Number: _____

☐ RENEWAL

Registration Number: _____

SECTION B – REGISTRANT'S INFORMATION

REGISTRATION NO. _____

Business Name _____

Business Physical Address _____

City _____ State/Province _____ Zip Code _____

County _____

Phone _____ E-Mail _____

Business Mailing Address (if different)

City _____ State/Province _____ Zip Code _____

SECTION C – WASTES TO BE TRANSPORTED REGISTRATION NO.

(check all that apply)	Add	Delete
Construction and Demolition Debris [364-3.1(d)] (includes all categories of fill material)	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Solid Waste [364-3.1(c)]	<input type="checkbox"/>	<input type="checkbox"/>
Household Hazardous Waste [364.3.1(b)]	<input type="checkbox"/>	<input type="checkbox"/>
Regulated Medical Waste [364-3.1(a)]	<input type="checkbox"/>	<input type="checkbox"/>
Sharps [364-3.1(e)]	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE TAKE NOTICE, that transport of regulated waste not identified on your registration (Section C) is a violation of the provisions of Environmental Conservation Law (ECL) §27-0305 and regulations promulgated pursuant thereto. ECL §71-2703 provides that any person who violates any of the provisions of, or who fails to perform any duty imposed by Title 3 of Article 27 of this chapter or any rule or regulation promulgated pursuant thereto, or any term or condition of any certificate or permit issued pursuant thereto, or any final determination or order of the commissioner made pursuant to this title shall be liable for civil and/or criminal penalties. RMW may be transported (liability insurance coverage required) from generator owned or operated satellite locations in single loads of less than 50 pounds per month for the purposes of consolidation at a generator owned and operated central location, or to a hospital affiliated with and has a written contract with the generator.

SECTION D – CERTIFICATION

I hereby certify that the information contained in this application submitted in support of obtaining, modifying or renewing a New York State Waste Transporter Registration contains no information that I know to be false, incomplete, or to have changed prior to the date of submission without notification to the Department. I am aware that if I have knowingly omitted or falsified any information required to be disclosed, processing of the application may be delayed and the registration sought may be denied or subsequently revoked. I am aware that false statements or omissions herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the NYS Penal Law. Further, I affirm that all transfer, storage, treatment and disposal facilities to which wastes will be/are transported are authorized to accept the category of waste. Finally, I agree to indemnify and hold The People of the State of New York, Department, their officials, employees and contractors harmless from any claim or liability arising directly or indirectly out of this registration application, and the information contained herein, and any registration issued pursuant thereto.

Print Name _____ Title _____
Signature _____ Date _____